

Food Establishment Inspection Report

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Establishment Name: WNMC	Physical Address: 2111 Lobo Canyon Rd	City: Grants	State: NM	Zip Code: 87020
Permit #: 000115	Permit Expiration Date: OCT 2019	Phone:	Email:	Est. Type: I



As Governed by State Regulation 7.6.2 NMAC
NMED Environmental Health Bureau
121 Tijeras Ave. NE, Albuquerque NM 87102

Purpose of Inspection:

<input type="checkbox"/> Pre-Opening	<input type="checkbox"/> Annual	<input type="checkbox"/> Complaint	<input checked="" type="checkbox"/> Closing
<input type="checkbox"/> Opening	<input type="checkbox"/> Re-inspection	<input type="checkbox"/> Investigation	<input type="checkbox"/> CAR
<input type="checkbox"/> Other	<input type="checkbox"/> Initial Operational		

Risk Category:

Time In:	10:46
Time Out:	12:36

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/A=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS		R	
Supervision					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A	Certified Food Protection Manager			
Employee Health					
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT	Proper use of restriction & exclusion			
5	IN OUT	Procedures for responding to vomiting and diarrheal events			
Employees					
6	IN OUT N/A	Food Handler Cards			
Good Hygienic Practices					
7	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			
8	IN OUT N/O	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
9	IN OUT N/O	Hands clean & properly washed			
10	IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed			
11	IN OUT	Adequate handwashing sinks; supplied & accessible			
Approved Source					
12	IN OUT	Food obtained from approved source			
13	IN OUT N/A N/O	Food received at proper temperature			
14	IN OUT	Food in good condition, safe, & unadulterated			
15	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			
Protection from Contamination					
16	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			
17	IN OUT N/A	Food-contact surfaces; cleaned & sanitized			
18	IN OUT N/A N/O	Food separated & protected			
Time/Temperature Control for Safety					
19	IN OUT N/A N/O	Proper cooking time & temperatures			
20	IN OUT N/A N/O	Proper reheating procedures for hot holding			
21	IN OUT N/A N/O	Proper cooling time & temperature			X
22	IN OUT N/A N/O	Proper hot holding temperatures			
23	IN OUT N/A N/O	Proper cold holding temperatures			
24	IN OUT N/A N/O	Proper date marking & disposition			X
25	IN OUT N/A N/O	Time as a Public Health Control; procedures & records			
Consumer Advisory					
26	IN OUT N/A	Consumer advisory provided for raw/undercooked foods			
Highly Susceptible Populations					
27	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances					
28	IN OUT N/A	Food additives: approved & properly used			
29	IN OUT N/A	Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures					
30	IN OUT N/A	Compliance with variance / specialized process / HACCP			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations

No. of Repeat Risk Factors / Intervention Violations

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Safe Food and Water		COS		R	
31	Pasteurized eggs used where required				
32	Water & ice from approved source				
33	Variance obtained for specialized processing methods				
Food Temperature Control					
34	Proper cooling methods used; adequate equipment for temperature control				
35	Plant food properly cooked for hot holding				
36	Approved thawing methods used				
37	Thermometers provided & accurate				
Food Identification					
38	Food properly labeled; original container				
Prevention of Food Contamination					
39	Insects, rodents, & animals not present				X
40	Contamination prevented during food preparation, storage & display				X
41	Personal cleanliness				
42	Wiping cloths: properly used & stored				
43	Washing fruits & vegetables				
Proper Use of Utensils					
44	In-use utensils: properly stored				
45	Utensils, equipment & linens: properly stored, dried, & handled				
46	Single-use/single-service articles: properly stored & used				
47	Gloves used properly				
Utensils, Equipment and Vending					
48	Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
49	Warewashing facilities: installed, maintained, & used; test strips				
50	Non-food contact surfaces clean				
Physical Facilities					
51	Hot & cold water available; adequate pressure				
52	Plumbing installed; proper backflow devices				
53	Sewage & waste water properly disposed				
54	Toilet facilities: properly constructed, supplied, & cleaned				
55	Garbage & refuse properly disposed; facilities maintained				
56	Physical facilities installed, maintained, & clean				
57	Adequate ventilation & lighting; designated areas used				

Reinspection:

Yes ☐ No ☒

Date:

Corrective Action Response:

Yes ☒ No ☐

Date:

4/8/19

No. of Good Retail Practices Violations

No. of Repeat Good Retail Practices Violations

Person in Charge: (Signature)

Inspector: (Signature)

Date:

Food Establishment Inspection Report

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As Governed by State Regulation 7.6.2 NMAC
NMED Environment Health Bureau
121 Tijeras Ave NE, Albuquerque NM 87102

Establishment Name:

WNMC Main

Permit #:

000115

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk in cooler #3	41.0°F				
Walk in cooler #2	36°F				
Walk in Freezer #1	8°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Item Number	
21	3-501.14 Beans left on counter. Temperature on this item was 115°F. No verification as to how long they were left on the counter. Corrected on site. Beans were thrown away.
24.	3-501.17 Tortillas in cooler #2 with no date on package. Corrected on site. Package thrown away by kitchen supervisor. Pasta in freezer past throw out date of March 30th, corrected on site. Per of pasta thrown away.
39	6-501.111 Observed a mouse run from behind stove to table near office. Mouse droppings observed in dry storage area of kitchen. Maintenance is working on removing table that could potentially allow access to roof or ceiling for mice. CAR.
	Note: attached is the contract for pest control!

Person in Charge: (Printed)

V. Lopez

Person in Charge: (Signature)

Noora

Inspector: (Printed)

Ramon Orozco

Inspector: (Signature)

[Signature]

Date:

4/4/19

Food Establishment Inspection Report

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Establishment Name: <u>WUM C Dining B</u>	Physical Address: <u>2111 Lobo Canyon Rd</u>	City: <u>Grants</u>	State: <u>NM</u>	Zip Code: <u>87020</u>
Permit #: <u>002160</u>	Permit Expiration Date: <u>Oct 2019</u>	Phone:	Email:	Est. Type:



As Governed by State Regulation 7.6.2 NMAC
NMED Environmental Health Bureau
121 Tijeras Ave. NE, Albuquerque NM 87102

Purpose of Inspection:

<input type="checkbox"/> Pre-Opening	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Complaint	<input type="checkbox"/> Closing
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Risk Category:

Time In:	<u>10:46</u>
Time Out:	<u>12:41</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

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Compliance Status		COS	R
Supervision			
1	IN OUT		
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2	IN OUT N/A		
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Employee Health			
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4	IN OUT		
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5	IN OUT		
Procedures for responding to vomiting and diarrheal events			
Employees			
6	IN OUT N/A		
Food Handler Cards			
Good Hygienic Practices			
7	IN OUT N/O		
Proper eating, tasting, drinking, or tobacco use			
8	IN OUT N/O		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
9	IN OUT N/O		
Hands clean & properly washed			
10	IN OUT N/A N/O		
No bare hand contact with RTE foods or pre-approved alternative procedure properly followed			
11	IN OUT		
Adequate handwashing sinks; supplied & accessible			
Approved Source			
12	IN OUT		
Food obtained from approved source			
13	IN OUT N/A N/O		
Food received at proper temperature			
14	IN OUT		
Food in good condition, safe, & unadulterated			
15	IN OUT N/A N/O		
Required records available: shellstock tags, parasite destruction			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations	<u>0</u>
No. of Repeat Risk Factors / Intervention Violations	<u>0</u>

GOOD RETAIL PRACTICES

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43	Washing fruits & vegetables		

Reinspection:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Date:	
Corrective Action Response:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Date:	

Proper Use of Utensils		COS	R
44	In-use utensils: properly stored		
45	Utensils, equipment & linens: properly stored, dried, & handled		
46	Single-use/single-service articles: properly stored & used		
47	Gloves used properly		
Utensils, Equipment and Vending			
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Physical Facilities			
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52	Plumbing installed; proper backflow devices		
53	Sewage & waste water properly disposed		
54	Toilet facilities: properly constructed, supplied, & cleaned		
55	Garbage & refuse properly disposed; facilities maintained		
56	Physical facilities installed, maintained, & clean		
57	Adequate ventilation & lighting; designated areas used		

No. of Good Retail Practices Violations	<u>1</u>
No. of Repeat Good Retail Practices Violations	<u>0</u>

Status: (check one)	Approved <input checked="" type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Immediate Closure <input type="checkbox"/>	Voluntary Closure <input type="checkbox"/>
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Person in Charge: (Signature)	<u>[Signature]</u>
Inspector: (Signature)	<u>[Signature]</u>
Date:	<u>4/4/19</u>

Food Establishment Inspection Report

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**As Governed by State Regulation 7.6.2 NMAC
NMED Environment Health Bureau
121 Tijeras Ave NE, Albuquerque NM 87102**

Establishment Name:

Western NM Dinog B

Permit #:

002/60

TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.
39	6501.112 Glue trap had 4 mice on it. Glue trap was located in the water closet in dining room B. Corrected Site. Glue trap was removed and replaced with a new trap.
	Note: Birds sometimes fly into the dining area. Staff get them out as soon as possible and wipe down any areas they land or defecate. Mice enter the facility through the water closet. A contract with PDI will be provided.

Person in Charge: (Printed)

A. Jacherz

Person In Charge: (Signature)

Inspector: (Printed)

Ramon Orona

Inspector: (Signature)

12

Date: 4/4/19

EID: Corrective Action Plan Form

Warden: Leon Martinez

Area or Department: Maintenance W/NMCF
Grants NM

Deputy Warden Leon Martinez

SECTION 1: GENERAL INFORMATION

Facility: WNMCF

Date of Inspection: 4/4/19

Submitted By: Arthur Sanchez FSSO Officer, Physical Plant Manager Almanza C. _____

SECTION 2: CORRECTIVE ACTION PLAN

Item# Code Number	Non-Compliant Areas/Topics Monitored	Person(s) Responsible for Corrective Action	Corrective Action	Target Completion Date	Extended Target Completion Date	Completion Date
6-501.111	Observed a mouse run from the prep table with the stack that goes to roof area, possible area where mice can travel and nest in stack area gaining access to roof.	Physical Plant/Maintenance	Physical plant manager Almanza and maintenance personal immediately started work on removing the stack and covering any ceiling penetrations.	4/8/19 per EID Orona deadline date to correct	N/A	
	Mr. Orona EID and FSSO Sanchez observed mice run out from prep table near stack area towards stove then back to stack area.					

ZG001117

6501.11	Glue trap in B-Dining in water closet with caught mice deceased, repeat occurrence in this area.	FSSO Sanchez A.	FSSO Sanchez checked on area and the trap was removed and placed with new one by Summit Supervisor Miss H.	4/4/19	N/A	4/4/19
2						

ZG001118